

Commonwealth of Massachusetts
Executive Office of Health and Human Services

March 2008



**Provider Claim Submission Software
(PCSS) User Guide Addendum
Reference File Maintenance Guide**

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March 2008

Version 1.0

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1.0 Payer Information Tab

This section contains specific instructions for completing each item in the reference file maintenance payer information tab. This file is prefilled. You should not change this file unless you are adding a primary or secondary payer for coordination of benefits (COB) claim submission.

In all cases using the drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value. When you place the cursor over the field, the program provides you with a descriptive value for the field. Please note that some fields are situational and are required only if certain conditions are met.

Item	Description	Instruction
Payer ID	Payer identification number	Enter the MassHealth ID number DMA7384 for MassHealth claim submission. If you are designating a primary or secondary payer for COB claim submission, enter the payer ID of the payer. Please refer to Appendix C of your MassHealth provider manual for valid payer IDs.
LOB (Line of business)	MassHealth	MCD will be the default. If you are designating a primary or secondary payer for COB claim submission, choose the appropriate LOB. Note: If you are designating a Medicare institutional payer, the LOB must be MCA for both Part A and Part B payers. Further distinction for Part A and Part B is done via the source* code, noted on the following page.
Receiver ID	Receiver identification number	Leave this item blank.
ISA08 Override	Interchange receiver ID	Leave this item blank.
Full Description	Payer's descriptive name	Enter "MassHealth" or the appropriate name for a primary or secondary COB payer.
Address and Contact Information	Address, city, state, zip	Enter the payer's address and contact information (optional).
Contact Name	Contact name for payer	Enter "Provider Services for MassHealth" or the appropriate information if you are designating a primary or secondary payer for a COB payer.
Phone/ext	Telephone number of payer	Enter the telephone number of MassHealth Customer Service (1-800-841-2900) or the appropriate information if you are designating a primary or secondary payer for a COB payer. (This information is required.).
Fax	Fax number of payer	Leave this item blank.

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Item	Description	Instruction
Flags	Source*	Enter "MC" or "MCD." If you are designating a primary or secondary payer for COB claim submission, choose the appropriate source code from the drop-down list. Note: If you are designating a Medicare institutional payer, the LOB must be "MCA" for both Part A and Part B payers. If the payer is a Part A payer, enter "C" (Medicare); if the payer is a Part B payer, enter "MB" (Medicare Part B – institutional claim).
	Edit IND	Enter "MC" for "MCD." If you are designating a primary or secondary payer for COB claim submission, choose the appropriate edit IND code from the drop-down list.
	Media	Enter "E."
	Card	Enter "N."
	Address	If you enter "Y," an address is required.
	Usage	Leave this item blank. It will default based on the LOB/source combination.

2.0 Institutional Provider Information Tab

In all cases of the drop-down menu, you may select the appropriate value by right-clicking in the field and then by selecting the desired value. This section contains specific instructions for completing each item in the reference file maintenance institutional provider information tab.

2.1 General information

Item	Description	Instruction
Name	Provider's name	Enter the provider's name.
Address	Address, city, state, zip	Enter the provider's address.
Provider ID/no.	Provider ID number	Enter the provider's seven-digit MassHealth number.
LOB	MassHealth	"MCD" is the default.
Payer ID	Payer identification	Enter the MassHealth Payer ID of DMA7384.
Tag	Optional user ID	Leave this item blank.
Remarks	Blank text space	This is optional space for text.

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Item	Description	Instruction
Phone	Provider's telephone number	Enter current telephone number of provider.
Fax	Provider's fax	Enter current fax number of provider (optional).
Contact	Provider's contact person	Enter the provider's contact person.
Country	Provider's country code	Leave this item blank.
Site	Service site identifier	Leave this item blank.
Taxonomy	Provider taxonomy number	Enter the provider's taxonomy code.
Taxonomy type	Type of taxonomy	Select "BI" for billing provider.
Fed tax ID	Tax identification number	Enter the provider's federal tax ID number.
Sub ID	Modifier to federal tax ID	Leave this item blank.
Tax type	Type of tax ID	Enter "E" or "S" for the federal tax ID type.
NPI	National provider identifier	Enter national provider identifier.
Include in lookups?		This field defaults to "Y."
Provider associations	LOB, provider ID, provider name	Enter the provider's current affiliations (optional).
Fax	Provider's fax	Enter current fax number of provider (optional).
Contact	Provider's contact person	Enter the provider's contact person.
Country	Provider's country code	Leave this item blank.
Site	Service site identifier	Leave this item blank.

2.2 Extended Info

Item	Description	Instruction
Provider ID/No	Type provider identifier type	Leave this item blank. This is not required if a MassHealth provider.
Pay-to provider information	Name, address, city, state, zip, fed tax ID, tax type, provider ID/No., NPI	Enter the pay-to provider information. Specify only if different.
Secondary provider IDs	Secondary provider identifiers	These are additional identification numbers for non-MassHealth providers.

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3.0 Professional Provider Information Tab

In all cases of the drop-down menu, you may select the appropriate value by right clicking in the field and then by selecting the desired value. This section contains specific instructions for completing each item in the reference file maintenance.

3.1 General Info

Item	Description	Instruction
Provider type	Group practice, individual in group, solo practice	Select the appropriate option. If an individual in a group is to be added, the group must be set up first.
Organization	Group name or organization name	This field is required when group practice is selected above.
Last/first/MI	Provider's information	Enter the provider's name.
Address	City, state, zip	Enter the provider's current address.
Phone	Telephone number	Enter the provider's current telephone number.
Fax	Fax number	Enter the provider's fax number (optional).
Contact	Provider's contact person	Enter the provider's contact person (required).
Provider ID/no.	Provider ID number	Enter the provider's seven-digit MassHealth number.
LOB	Masshealth	"MCD" is the default.
Date	Date provider's signature is on file	Enter the appropriate date in MMDDYY format.
Provider associations	LOB, provider ID, provider name	Enter the provider's current affiliations (optional).
Provider roles	Billing rendering	Right-click to use the drop-down menu to obtain the applicable value depending on provider type. These fields default and under most circumstances should not be changed.

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3.2 Extended Info

Item	Description	Instruction
CLIA no.	Clinical laboratory improvement amendments certification number	Enter the provider's certification number (optional).
Mammography no.	Mammography certification number	Enter the provider's certification number (optional).
HMO contract no.	Contract identifier number	Leave this item blank.
Dental provider?		Leave this item blank.
Provider ID/no. type		Right-click to use the drop-down menu to obtain the applicable value (optional).
Pay-to provider information	Organization, last/first/mi, address, city/state/zip, fed tax ID, tax type, provider ID/no., NPI	Enter the pay-to provider information if different than noted on the general info tab (optional).
Secondary provider IDs	Secondary provider identifiers	These are additional identification numbers for non-MassHealth providers.

4.0 Institutional Submitter Information Tab

In all cases of the drop-down menu, you may select the appropriate value by right clicking in the field and then by selecting the desired value. This section contains specific instructions for completing each item in the reference file maintenance.

Please note that submitter functions are listed under the codes/misc. tab. Choose either 'Institutional' or 'Professional' for claim type.

4.1 General

Item	Description	Instruction
LOB	Line of business	Field is locked to "MCD."
Payer ID	Payer identification number	Field is locked to DMA7384 for MassHealth.
ID	Submitter identification number	Enter the submitter's seven-digit MassHealth number.
EIN	Employer	Leave this item blank.

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Item	Description	Instruction
	identification number	
Name	Submitter name	Enter the submitter name.
Address	City, state, zip	Enter the submitter address.
Phone	Telephone number	Enter the submitter telephone number.
Country	Country identifier	Not required.
Contact	Contact person	Enter the contact person.
Region	Identifies region submitting claim	Not required.

4.2 Prepare

Item	Description	Instruction
Include error claims	Identifies if claims with non-fatal errors are included	Enter appropriate value. 'N' will be default.
Submission status	Indicates test or production	Leave as "P."
EMC output format	Specifies the default electronic file format	Leave as "A."
Multiple provider	Indicates multiple provider billing file	Not required.
EMC version	Indicates EMC version	Leave as "60."
ANSI version (837)	Indicates ANSI version 837	Leave as "A1."
ANSI version (270)	Indicates ANSI version 270	Leave this item blank or "A1" (not applicable to this version).
ANSI version (276)	Indicates ANSI version 276	Leave this item blank or "A1" (not applicable to this version).

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Item	Description	Instruction
EMC file	Specifies the filename	Enter the filename. This is the name of your 837 file. If this is a testing file, enter T1234567.001, where 1234567 = your submitter ID. Your submitter ID is your provider number or, if you are an agency, your billing agency number. If this is a production file that will be copied to a diskette to be mailed to MassHealth, enter H1234567.001, where 1234567 = your submitter ID. If you are submitting a file to www.mass.gov/masshealth the 'H' is not required. When you complete testing you will be instructed to change to the production name.
Vendor	Indicates vendor number	Leave this item blank.
Code no.	Indicates submitter code number	Leave this item blank.
Intermediary	Payer identification number	Field is locked to DMA73 for MassHealth.

4.3 ANSI Info

Item	Description	Instruction
Next serial no. number	Indicates next serial number	Default values are provided. Do not change.
Next file seq.	Indicates next file number	Default values are provided. Do not change.
Submitter intchg ID qual.	Indicates submitter ID qualifier	Defaults to "ZZ." Do not change.
Receiver intchg ID qual.	Indicates receiver ID qualifier	Defaults to "ZZ." Do not change.
Authorization info	Indicates authorization information	Leave this field blank.
Security info	Indicates security information	Leave this field blank.
ISA06 override	Indicates sender information	Leave this field blank
Acknowledgment requested		Leave this field blank.

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Item	Description	Instruction
Additional submitter EDI contact info		Leave this field blank.

4.4 ANSI Info (2)

Item	Description	Instruction
Interchange sender ID (ISA06)	Override code	Leave this field blank.
Interchange receiver ID (ISA08).	Override code	Leave this field blank.
Application senders code (GS02)	Override code	Leave this field blank.
Application receivers code (GS03)	Override code	Leave this field blank.
ISA06 override	Override code	Leave this field blank.
Submitter primary identifier	Override code	Leave this field blank.
(NM109/1000A)		
Receiver name	Override code	Leave this field blank.
(NM103/1000B)		
Receiver primary identifier	Override code	Leave this field blank.
(NM109/1000B)		

5.0 Professional Submitter Information Tab

In all cases of the drop-down menu, you may select the appropriate value by right-clicking in the field and then by selecting the desired value. This section contains specific instructions for completing each item in the reference file maintenance. Please note that submitter functions are listed under the codes/misc. tab. Choose either Institutional or Professional for claim type.

5.1 General

Item	Description	Instruction
LOB	Line of business	Field is locked to "MCD."
Payer ID	Payer identification	Field is locked to DMA7384 for MassHealth.

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Item	Description	Instruction
	number	
ID	Submitter identification number	Enter the submitter's seven-digit MassHealth number.
EIN	Employer identification number	Leave this item blank.
Name	Submitter name	Enter the submitter name.
Address	City, state, zip	Enter the submitter address.
Phone	Telephone number	Enter the submitter telephone number.
Country	Country identifier	Not required.
Contact	Contact person	Enter the contact person.
Region	Identifies region submitting claim	Not required.

5.2 Prepare

Item	Description	Instruction
Include error claims	Identifies if claims with non-fatal errors are included	Enter appropriate value. "N" is default.
Submission status	Indicates test or production	Leave as "P."
EMC output format	Specifies the default electronic file format	Leave as "A."
Multiple provider	Indicates multiple provider billing file	Not required.
EMC version	Indicates EMC version	Leave as "60."
ANSI version (837)	Indicates ANSI version 837	Leave as "A1."
ANSI version (276)	Indicates ANSI version 276	Leave this item blank or "A1." (not applicable to this version).

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Item	Description	Instruction
EMC file	Specifies the filename	Enter filename. This is the name of your 837 file. If this is a testing file, enter T1234567.001, where 1234567 = your submitter ID. Your submitter ID is your provider number or, if you are an agency, your billing agency number. If this is a production file that will be copied to a diskette to be mailed to MassHealth, enter H1234567.001, where 1234567 = your submitter ID. If you are submitting a file to www.mass.gov/masshealth the 'H' is not required. When you complete testing you will be instructed to change to the production name.
Vendor	Indicates vendor number	Leave this item blank.
Code no.	Indicates submitter code number	Leave this item blank.
Intermediary	Payer identification number	Field is locked to DMA73 for MassHealth.
Next serial no.	Indicates next serial number	Default values are provided. Do not change.
Next file seq.	Indicates next file number	Default values are provided. Do not change.

5.3 ANSI Info

Item	Description	Instruction
Submitter intchg ID qual.	Indicates submitter ID qualifier	Defaults to "ZZ." Do not change.
Receiver intchg ID qual.	Indicates receiver ID qualifier	Defaults to "ZZ." Do not change.
authorization Info	Indicates authorization information	Leave this field blank.
Security info	Indicates security information	Leave this field blank.
ISA06 override	Indicates sender information	Leave this field blank.
Acknowledgment requested		Leave this field blank.
Additional submitter EDI contact info		Leave this field blank.

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5.4 ANSI Info (2)

Item	Description	Instruction
Interchange sender ID (ISA06)	Override code	Leave this field blank.
Interchange receiver ID (ISA08).	Override code	Leave this field blank.
Application senders code (GS02)	Override code	Leave this field blank.
Application receivers code (GS03)	Override code	Leave this field blank.
ISA06 override	Override code	Leave this field blank.
Submitter primary identifier	Override code	Leave this field blank.
(NM109/1000A)		
Receiver name	Override code	Leave this field blank.
(NM103/1000B)		
Receiver primary identifier	Override code	Leave this field blank.
(NM109/1000B)		

6.0 Version Table

Version	Date	Section/Page	Description
1.0	03/08	Entire document	Initial document created. Production version issued.